


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023579

1. Entity Name
REGENCY I LLC



Principal Place of Business 2700 N MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431	Mailing Address 2700 N MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431
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01112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2196616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**POLETTI, JOHN
 3013 YAMATO ROAD
 BOCA RATON, FL 33434**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

U00000186045

01/21/05-80042-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NESTLER, MARK 3013 YAMATO ROAD BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLETTI, JOHN 3013 YAMATO ROAD BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAEZ, EDUARDO 2700 N MILITARY TRAIL BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANE, HERBERT 2700 N MILITARY TRAIL #100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1/17/05 (54) 241-8036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #